

09/913,781

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <div style="border: 1px solid black; padding: 2px;">09/913781</div>		FILING DATE <div style="border: 1px solid black; padding: 2px;"></div>		
							APPLICANT(S) <div style="border: 1px solid black; padding: 2px;"></div>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		1								
TOTAL DEP.		1		3							
TOTAL CLAIMS	3		4								
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PTO-1340 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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